

|             |                   |        |
|-------------|-------------------|--------|
| BRIEF TITLE | APPROVED DEADLINE | REASON |
| _____       | _____             | _____  |
| _____       | _____             | _____  |
| _____       | _____             | _____  |

| DETAILS | POSITIONS/RECOMMENDATIONS                                       |  |
|---------|---|--|
|         | Sponsor   |  |
|         | Program<br>Departments, or<br>Groups Affected                   |  |
|         | Applicants/<br>Proponents                                       | Applicant<br><br>City Department<br><br>Other  |
|         | Discussion (Including Relationship to other Council<br>Actions) | Opponents  |
|         | Staff<br>Recommendations  | <input type="checkbox"/> For <input type="checkbox"/> Against<br>Reason Against  |
|         | Board or<br>Commission<br>Recommendation                        | BY    Personnel Board<br><input type="checkbox"/> For <input type="checkbox"/> Against<br><input type="checkbox"/> No Action Taken<br><input type="checkbox"/> For with revisions or conditions<br>(See Details column for conditions)           |
|         | CITY COUNCIL<br>ACTIONS<br>(For Council Use<br>Only)            | <input type="checkbox"/> Pass<br><input type="checkbox"/> Pass (As Amended)<br><input type="checkbox"/> Council Sub.<br><input type="checkbox"/> Without Recommendation<br><input type="checkbox"/> Hold<br><input type="checkbox"/> Do not Pass |

## DETAILS

## POLICY/PROGRAM IMPACT

|                                      |                                       |  |       |
|--------------------------------------|---------------------------------------|--|-------|
|                                      | POLICY OR PROGRAM CHANGE              | <input type="checkbox"/> NO <input type="checkbox"/> YES |       |
|                                      |                                       |  |       |
|                                      |                                       |  |       |
|                                      |                                       |  |       |
|                                      | OPERATIONAL IMPACT ASSESSMENT         |  |       |
|                                      |                                       |  |       |
|                                      |                                       |  |       |
| FINANCES                             |                                       |  |       |
| COST AND REVENUE PROJECTIONS         | COST of total project:                | \$   |       |
|                                      | COST of this Ordinance/<br>Resolution | \$   |       |
|                                      | RELATED annual operating<br>Costs     | \$   |       |
|                                      | INCREASE REVENUE<br>EXPECTED/YEAR     | \$   |       |
| SOURCE OF FUNDS                      | CITY [Approximately]                  |  |       |
|                                      |                                       | \$ _____   | ____% |
|                                      |                                       | \$ _____   | ____% |
|                                      |                                       | \$ _____   | ____% |
|                                      |                                       | \$ _____   | ____% |
|                                      |                                       | \$ _____   | ____% |
|                                      | NON CITY [Approximately]              |  |       |
|                                      |                                       | \$ _____   | ____% |
|                                      |                                       | \$ _____   | ____% |
|                                      |                                       | \$ _____   | ____% |
|                                      | \$ _____                              | ____%  |       |
|                                      | \$ _____                              | ____%  |       |
| BENEFIT COST                         |                                       |  |       |
| <input type="checkbox"/> Front Foot  |                                       | Average Assessment                                       |       |
| <input type="checkbox"/> Square Foot | \$ _____                              | \$ _____   |       |

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER